



Planning, Engineering and Development

City of Mount Pearl
3 Centennial Street
Mount Pearl, NL
A1N 1G4

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RESIDENTIAL PERMIT APPLICATION

CONTACT INFORMATION (Please Print)

Property Owner:	Contractor:
Mailing Address:	Mailing Address:
Postal Code:	Postal Code:
Phone:	Phone:
Email:	Email:

NOTE: Application will not be processed unless form is fully completed.

RESIDENTIAL PROJECT DETAILS (Please Print)

Civic Address:	Estimated Cost of Construction: \$	Heating Source:
Description of Residential Project:		
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Basement Apartment	<input type="checkbox"/> Swimming Pool / Hot Tub
<input type="checkbox"/> Deck / Patio	<input type="checkbox"/> Exterior Renovations	<input type="checkbox"/> Install Woodstove / Fireplace
<input type="checkbox"/> Fence / Retaining Wall	<input type="checkbox"/> Install Heat Pump	<input type="checkbox"/> Interior Renovation
<input type="checkbox"/> Widen Driveway	<input type="checkbox"/> Single Detached Dwelling	<input type="checkbox"/> Other (Describe Above)
Width:	Length:	Height:
Floor Area:	Electrical Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing Work: <input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION: I hereby submit this application and confirm that the information supplied is correct and complete to the best of my knowledge. I agree to comply with all Municipal Regulations, the National Building Code 2015 Edition and ancillary codes, agree to build in accordance with the plans approved by the City of Mount Pearl, and not to commence building without applicable written approval and permits from the City of Mount Pearl.

Please Note:

- The required Permit Fee (see City's Schedule of Rates and Fees) is to accompany the application form.
- Prior to formally submitting an application form, it is advisable that the applicant set up an appointment to review the application with the Planning Division to ensure that all required information has been supplied and to facilitate application processing.

NOTE: Where the Applicant and the Property Owner are not the same, the signature of the Property Owner is required before the application can be accepted for processing.

Applicant: _____

Date: _____

Property Owner: _____

Date: _____

... FOR STAFF USE ...

Date Fee(s) Received:

Received By:

Receipt #:

Assigned To:

DA #:

BP #:

FOR APPROVAL (OFFICE USE ONLY)

Occupancy Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Drawings Supplied <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred to Council <input type="checkbox"/> Yes <input type="checkbox"/> No
Building Permit \$	Occupancy Permit \$	Service Connection \$
Landscaping Deposit \$	Security Deposit \$	Assessments \$
TOTAL DUE \$	APPROVED	DATE